

# OFFER FOR IOWANS

## IDENTIFYING INFORMATION

**Offer Identifier:** H\_297\_016 F

**Offer Name:** Home & Community Based Services and other Community Supports

**This offer is for a:**

☐ new activity

☒ improved existing activity (describe the improvements in your narratives below)

☒ status quo existing activity

**Result(s) Addressed:** **Improve Iowan's Health** – Maintain Current Elderly Supportive Services

**Participants in the Offer:** Elder Affairs, Area Agencies on Aging, Local Service Providers

**Person Submitting Offer:** Mark A. Haverland, Director, Iowa Department of Elder Affairs

**Contact Information:** Clemens Building, 200 10<sup>th</sup> Street, 3<sup>rd</sup> Floor; Des Moines, Iowa 50309  
Ph: 515-242-3333

## OFFER DESCRIPTION

*Maintain and/or enhance safe, cost effective* home and community based services to allow Iowa's frail 60+ population to live and receive services in the setting of their choice maintaining their quality of life by providing stability and security resulting in improved health outcomes and delaying institutionalization.

## OFFER JUSTIFICATION

Working in partnership with the area agencies on aging (AAA's), the Department of Elder Affairs serves as a visible and effective advocate for older persons, as well as planning, coordinating and implementing a wide range of services that allow older Iowans to remain living independently and avoid costly institutional care. IDEA partners with federal, state, local, public and private entities to develop and enhance service systems, community commitment, and consumer involvement in long-term care issues and practices. **Not funding this offer means the likely loss of nearly \$5,000,000 in federal and related funds and the possible disintegration of the foundation of services that support the Senior Living Program home and community based services (which serves over 14,000 low and moderate income older Iowans annually) and the Iowa aging network in general.**

The Department is actively engaged in planning, coordinating, funding and evaluating programs funded under the Older Americans Act. It is not only responsible for administering the resources and programs that are mandated to it by federal and state legislation, but also for proactively pursuing and marshaling alternative financial resources. The Department of Elder Affairs ensures that programs for older Iowans are implemented consistent with federal and state laws, and regulations. DEA is also responsible for obtaining input from, coordinating activities with, and being an advocate for older Iowans with other departments of state government, the Iowa Legislature, the Iowa area agencies on aging, legal assistance entities, colleges and universities, organizations representing older persons, as well as other organizations and individuals.

State funds support Iowa department of Elder Affairs and elderly Iowans in that client care plan objectives be met by funding services in their communities. These funds also leverage very significant Older American Act funds and allow client contributions to be used for additional service by leveraging local resources.

INCREASED usage of home and community based services result in:

- Client Choice
- Improved quality of life and independence
- Improved health care planning
- Care coordination
- Access to care
- Availability of quality health providers
- Integration of providers who serve persons with chronic and on-going health care needs
- Containment of costs to the Medical Assistance Program
- Reductions in cost associated with the overall costs of long term care.
- Avoiding premature or unnecessary institutionalization.

Our network assists frail elderly clients, their families and their caregivers by delaying or avoiding altogether entrance into institutions through the funding and provision of a continua of home and community-based services. The delays in institutional placement of older adults by 18 months [*Area Agency data shows that clients receiving community services delay nursing home placement by 18 to 24 months.*] contains Medicaid expenditures. In fact, nearly 4.8 older adults can be served in the community for every one older adult in an institution. Further the **average annual registered client cost is less than \$500 per year** for the array of services to older Iowans from the Iowa Aging Network.

With ever changing rules, standards and regulations for adult day services and respite services, assisted living programs, and elder group homes, program standardization and monitoring is required. In order to maintain third party reimbursement systems and to respond to provider, consumer and funder concerns, DEA is requesting one FTE to apply these new rules and standards to present and future services and facilities. While the department currently maintains statutory authority for assisted living programs, adult day services programs and elder group homes, it receives zero dollars to carry out this mandate. This has resulted in the department having to shift resources from other departmental priorities.

### **PERFORMANCE MEASUREMENT AND TARGET**

With present funding levels there will be:

- An effort to maintain the ratio of frail Iowans 60+/1000 accessing one or more home and community based services [*Costs are rising*].
- Increase in need for Medicaid dollars to maintain present clientele in institutions and community-based services.

With additional funding the aging network would be able to:

- Respond to rapidly changing service area regarding rules, standards and regulations and assure that policy changes and quality assurances are met for adult day services and respite services, assisted living programs, and elder group homes.

### **PRICE AND REVENUE SOURCE**

**Total Price: \$12,130,319**

<b>Expense Description</b>	<b>Amount of Expense</b>	<b>FTEs</b>
Current Services	\$12,063,069	6.31
Long Term Care System – rules, standards, policy, quality assurance, etc. (expansion)	67,250	1.00
<b>Total Expense</b>	<b>\$12,130,319</b>	<b>7.31</b>

<b>Revenue Description</b>	<b>Amount</b>
General Fund	\$692,020

Senior Living Trust	6,402,690
Federal Funds	4,394,275
Other	574,084
General Fund or Senior Living Trust (expansion)	67,250
<b>Total Revenue</b>	<b>\$12,130,319</b>

# OFFER FOR IOWANS

## IDENTIFYING INFORMATION

**Offer Identifier:** H\_297\_012 F

**Offer Name:** Healthy Aging

**This offer is for a:**

☐ new activity

☒ improved existing activity (describe the improvements in your narratives below)

☒ status quo existing activity

**Result(s) Addressed:** Improve the Health of Iowans

**Participants in the Offer:** Department of Elder Affairs, Area Agencies on Aging

**Person Submitting Offer:** Mark Haverland, Director, Department of Elder Affairs

**Contact Information:** 200 10<sup>th</sup> Street, 3<sup>rd</sup> Floor, Clemens Bldg, Des Moines, Iowa 50309. 515-242-3333

## OFFER DESCRIPTION

This builds upon the work that is currently provided on a part time basis (.27 FTE) for nutrition education and program monitoring of the Administration on Aging (AoA) Title III nutrition program and expands it by .73 FTE to address healthy aging in Iowa and improve the health of older Iowans.

The goal is increase the emphasis on healthy aging and integrate nutrition and physical activity into programs serving older Iowans to improve their health, increase quality of life and facilitate independent lifestyles. Studies have shown that individuals aged 60 and older have a desire to prevent disability and loss of independence. The healthy aging goal will be accomplished by strengthening the Department of Elder Affairs' (DEA) capacity to promote healthy aging. Collaboration with CDC, AoA, Department of Public Health (IDPH) will identify innovative evidenced-based, cost-effective healthy aging programs and funding opportunities.

Another essential component to this offering is the support provided to the local Area Agencies on Aging (AAA) for their health promotion services (OAA Titles C1, C2 and D) targeted at "high risk" populations. Health promotion activities will include partnering with other state departments including Iowa Department of Public Health, Iowa Department of Human Services, Iowa Department of Agriculture, AAA and private sector organizations to provide policies, programs, and activities that encourage older Iowans to adopt and maintain active lifestyles and practice healthy behaviors. Area of focus will include working with local providers in congregate meal programs, assisted living, adult day care, Medicaid Elderly Waiver, Food Assistance program, Food Stamp Nutrition Education, Senior Farmers Market Nutrition Program, Iowa Department of Public Health health promotion programs for arthritis, diabetes, obesity and Healthy Iowans 2010. These health promotion activities will build on the collaboration established by IDPH and DEA sharing a nutritionist/community health consultant for the previous three years.

## OFFER JUSTIFICATION

With increasing numbers of older Iowans, the benefits of promoting healthy aging are enormous. There needs to be an expansion of health promotion in older adults, prevention of disability, maintenance of capacity in those with frailty and disabilities and enhancement of quality of life. Healthy aging activities targeted to older Iowans will prevent or delay negative outcomes. For example poor nutrition is an important modifiable risk factor for several chronic diseases, including some cancers and cardiovascular diseases (CVD) and obesity. A diet rich in

fruits and vegetables (5 or more servings/day) could prevent at least 20 percent of all cancer incidences and reduce obesity.

Unfortunately according to 2002 BRFSS data, only 33.4 percent of older Iowans are meeting this goal.

Nutrition and physical activity interventions can have a positive impact independent living. Physical activity programs could reduce falls and injuries that result in mobility problems and loss of independence as well as address overweight and obesity in older Iowans. Nutrition programs for older adults are cost effective. National data show savings of \$10 for every \$1 spent, reduction in physician visits and hospitalization when nutrition interventions were provided for older adults.

## **PERFORMANCE MEASUREMENT AND TARGET**

### **Increase the number of older Iowans who stay healthy as evidenced by**

- Increase by five percent the number of Iowans aged 60 and older responding “Very good or Excellent” to BRFSS question, “How is your health, in general?” (FYI 2002=40.9; 2001=33.4)
- Increase fruit and vegetable intake of Iowans aged 60 and older.(BRFSS 2002 33.4%)
- Improve nutrition risk scores of congregate and home delivered meal participants.(Scores improved for 65% of meal participants FYI 2003)

## **PRICE AND REVENUE SOURCE**

**Total Price: 9,414,500**

<b>Expense Description</b>	<b>Amount of Expense</b>	<b>FTEs</b>
Current Services	\$9,352,906	4.87
Community Health Consultant (expansion)	61,594	1.00
<b>Total Expense</b>	<b>\$9,414,500</b>	<b>5.87</b>
<b>Revenue Description</b>	<b>Amount</b>	
General Fund	\$118,883	
Senior Living Trust	62,659	
Federal Funds	9,128,356	
Other	43,008	
General Fund (expansion)	61,594	
<b>Total Revenue</b>	<b>\$9,414,500</b>	

### **Clarification for Health Care Buying Team**

- Health promotional activities will be initiated at the state level and implemented at the local area.
- A strong collaborative relationship has been established between DEA and IDPH as a result of sharing a nutritionist/community health consultant. The benefit of collaboration will continue when this position becomes full time with DEA.
- Health promotion, including addressing obesity, for older adults has been initiated but needs the expansion of this position in order to have an impact on the needs of older Iowans.

# OFFER FOR IOWANS

## IDENTIFYING INFORMATION

**Offer Identifier:** H\_297\_015 F

**Offer Name:** Case Management Program for the Frail Elderly (CMPFE)

**This offer is for a:**

☐ new activity

☒ improved existing activity (describe the improvements in your narratives below)

☒ status quo existing activity

**Result(s) Addressed:** Improve the Health and Quality of Life of Elderly Iowans

**Participants in the Offer:** Department of Elder Affairs, Area Agencies on Aging, DHS

**Person Submitting Offer:** Mark A. Haverland, Director, Department of Elder Affairs

**Contact Information:** Iowa Department of Elder Affairs, Clemens Bldg., 200 10<sup>th</sup> St., 3<sup>rd</sup> Floor, Des Moines, IA 50309-3609, Ph: 515-242-3333

## OFFER DESCRIPTION

The Case Management Program for the Frail Elderly (CMPFE) allows consumers to choose home and community based services over nursing facility placement. Many of Iowa's frail elderly can maintain their independence and improve their quality of life by living in their own homes and communities among family and friends. This is possible at relatively low cost with home and community based support services. Health conditions can improve or at least be stabilized by accessing quality services through a case managed system of care. The health, welfare, and safety of individuals accessing the case management program are always of utmost importance.

There are typically around 9,000 active participants in the Case Management program statewide, at any given time. In order to be admitted to the program the consumer must live in Iowa, be 60 years of age or older, and have two or more service needs. Some consumers can afford to pay for services provided in their own homes while others must rely on funding from other sources, including Senior Living Program (SLP), General funds for elderly services, federal Older Americans Act funds or the Medicaid Elderly Waiver program. The CMPFE program serves as a "gateway" to Iowa's Elderly Waiver program. The state Medicaid plan and associated DHS rules require a person to be on the CMPFE program in order to be eligible for the Elderly Waiver. An assigned case manager coordinates ALL needed services for the consumer, including services received under the senior living program and elderly waiver program.

When a consumer is admitted to this program, an individual case manager is assigned to them. There is no cost to the consumer for this service that includes completing the initial assessment and on going case management. With the proposed expansion of the CMPFE program, more than 15,000 of Iowa's frail elderly will be able to receive a professional assessment of their needs annually, at no cost to them. More importantly, an individual case manager will be assigned who has the responsibility of monitoring the consumer's personal plan of care on an

ongoing basis. This individual monitoring will allow consumers to live safe and healthy lives in their own homes and communities and will also help in preventing premature institutionalization.

CMPFE, which has used a standard assessment tool for nearly twenty years, should be the program upon which the Universal Assessment tool is built, at least for the elderly of Iowa.

### **OFFER JUSTIFICATION**

Allowing consumers to live in their own homes and communities while receiving needed services has a direct impact on the quality of life for thousands of Iowa's frail elderly. Support of family and friends in the community are paramount in providing stability and security that can enhance health outcomes and address social needs. Institutionalization can be avoided or delayed when Iowa's frail elderly are given the choice to live safe and healthy lives in their own homes and communities.

This "critically necessary" expansion proposal for the CMPFE program will generate a 200% return on investment. Every dollar that is spent should generate two dollars in federal Medicaid match. This means that an additional \$9,000,000.00 could be obtained for expansion purposes. With these additional dollars, the CMPFE program will be able to offer many of Iowa's frail elderly a quality of life that allows independence and individual choice, which is of utmost importance.

The Department of Elder Affairs and the Area Agencies on Aging (AAA) administer the case management program at the state and local level. The state is not currently able to provide full funding for this program. Following three years of significant state budget reductions, Area agencies on aging are struggling to find a combination of local, state, and federal monies to keep the CMPFE program operational in their area and to continue to reach out to the frail elderly in the community. Because of the limited funding and an increase in referrals to the program, waiting lists have been established in some areas and the entire system, as we currently know it, is at risk of collapse. This puts consumers at risk of institutionalization that typically costs 4 to 6 times more than receiving care in their home. This offer is being made to not only maintain the current system but to expand the CMPFE system by providing monthly reimbursement for case management services, as are available in most states.

At the current level of funding, the AAA's, on average, receive less than \$250.00 annually per consumer for the CMPFE program. With the expansion dollars, the AAA's would receive approximately \$1,685.00 per consumer. This would not only help to maintain the current system, but case management services could be offered to even more elderly Iowans, including those currently on waiting lists.

During fiscal year 2004 over 12,500 elderly Iowans were served under the Case Management Program for the Frail Elderly. There are currently 8,980 active case managed clients. Of these, nearly 70%, or 6,278 persons are eligible to receive needed services under the Department of Human Services Elderly Waiver program. The average cost for a consumer to receive waiver services in their home is approximately \$511.00 a month, which is substantially less than the \$2,440.00 average cost per month for nursing facility care.

### **PERFORMANCE MEASUREMENT AND TARGET**

The participation rate per 1000 of Iowans 65+ who gain access to the Medicaid Elderly Waiver through the CMPFE program compared to 65+ Iowans in nursing homes on Medicaid in skilled and intermediate care facilities.

**PRICE AND REVENUE SOURCE**

**Total Price: \$15,164,902**

<b>Expense Description</b>	<b>Amount of Expense</b>	<b>FTEs</b>
Current Services	\$2,204,902	2.35
* Case Management Services as reimbursable under the Medicaid Elderly Waiver – 9,000 Clients (expansion)	12,960,000	
<b>Total Expense</b>	<b>\$15,164,902</b>	<b>2.35</b>
<b>Revenue Description</b>	<b>Amount</b>	
General Fund	\$1,377,528	
Senior Living Trust	765,388	
Federal Funds	51,847	
Other	10,139	
General Fund or Senior Living Trust (expansion)	4,320,000	
Federal Funds (expansion)	8,640,000	
<b>Total Revenue</b>	<b>\$15,164,902</b>	

\* Estimate 9,000 clients served @ \$120.00 per client, per month



# OFFER FOR IOWANS

## **IDENTIFYING INFORMATION**

**Offer Identifier:** H\_297\_006 F

**Offer Name:** National Family Caregiver Support Program Maintenance (Duplicate Offer Extended to Safe Communities & Health Buying Teams)

**This offer is for a:**

- ☐ new activity  
☐ improved existing activity (describe the improvements in your narratives below)  
☒ status quo existing activity

### **Result(s) Addressed:**

- Improve Iowans' Health
- Improve Community Safety, particularly for vulnerable adults

**Participants in the Offer:** Department of Elder Affairs, Northland Agency on Aging, Elderbridge Agency on Aging, Northwest Aging Association, Siouxland Aging Services, Inc., Hawkeye Valley Area Agency on Aging, Scenic Valley Area Agency on Aging, Generations Area Agency on Aging, Heritage Area Agency on Aging, Aging Resources of Central Iowa, Southwest 8 Senior Services, Inc., Area XIV Agency on Aging, Seneca Area Agency on Aging, Southeast Iowa Area Agency on Aging, Inc.

**Person Submitting Offer:** Mark Haverland, Director, Department of Elder Affairs

**Contact Information:** 200 10<sup>th</sup> St., 3<sup>rd</sup> Floor, Clemens Bldg. Des Moines, IA 50309 (515) 242-3333

## **OFFER DESCRIPTION**

**This offer is for maintenance of the existing National Family Caregiver Support Program, which has a nearly 5930% Return on Investment.**

The National Family Caregiver Support Program (NFCSP) was authorized by the Older Americans Act of 2000, and is based in large part on successful programs and the needs expressed by family caregivers in discussions held across the country. Family caregivers provide the vast majority of the assistance that enables older people to live independently in their homes and communities. Caregivers include grandparents raising grandchildren as well as those who help older Iowans. Family caregivers face substantial stresses and burdens as a consequence of caregiving obligations. Caregiving can adversely affect one's physical and psychological health, current and future employment status and earning capability, ability to balance the needs of older parents and children and the ability to meet personal needs. Because caregivers play such an important role, services that sustain a caregiver's role and maintain their emotional and physical health are an important component of any home and community-based care system.

## **OFFER JUSTIFICATION**

Caregiver burden is significant.

- 24% report difficulty providing care because of their own physical limitation
- 37% also care for someone else
- 33% are over 65 years old themselves
- 74% of the elders they care for are at least 75 years old

- 32% of the elders they care for are 85 years old or older
- 46% are working

Continued maintenance of the National Family Caregiver Support Program is critical to ensure that older Iowans continue to have the support of family caregivers to assist them in living independently in their homes and communities. Also critical is to provide the assistance to family caregivers so that they can protect their health, continue to care for their younger family members, and remain actively employed.

For this program, a family caregiver is defined as follows:

- An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual (60 years of age or older)
- A grandparent or older individual who is a relative caregiver. The term grandparent or older individual who is a relative caregiver means a grandparent or step-grandparent of a child (not more than 18 years old), or a relative of a child by blood or marriage, who is 60 years of age or older and—
  - Lives with the child;
  - Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child, and
  - Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally

Services provided to caregivers and care recipients include, but are not limited to the following:

- Information to family caregivers about available services
- Assistance to family caregivers in gaining access to the services through the case management program as well as information and assistance
- Individual counseling, organization of support groups, and caregiver training to assist family caregivers in making decisions and solving problems relating to their caregiving roles
- Respite care, including adult day care services, to enable family caregivers to be temporarily relieved from their caregiving responsibilities
- Supplemental services to complement the care provided by the family caregiver. These services include:
 

Personal care	Legal Assistance
Homemaker services	Emergency Response systems
Chore services	Protective payee program
Material Aid	
- Support services for grandparents or older individuals (60 years of age or older) who are relative caregivers of a child

These services vary by individual caregivers' expressed needs as well as the availability of the needed services within a community.

Priority is given for services to older individuals with the greatest social and economic need, (with particular attention to low-income older individuals) and older individuals providing care and support to persons with mental retardation and related developmental disabilities.

### **PERFORMANCE MEASUREMENT AND TARGET**

- Maintain the ratio of elderly per 1000 elderly population who access one or more services.

- Allows older Iowans to remain in the community being cared for by family caregivers
- Makes it possible for family caregivers to remain in employment
- By providing counseling, training and assistance, the family caregiver is less likely to suffer from stress and burnout which could result in abuse of the older person for which they are caring.
- Through training, the family caregiver learns proper and safe techniques of physical transfer of the older adult which decreases the incidence of injury of either the older adult or the family caregiver.
- Makes it possible for the older adult to remain in a family based living environment which we know is the desire of most older adults

#### **PRICE AND REVENUE SOURCE**

**Total Price: \$1,731,358**

<b>Expense Description</b>	<b>Amount of Expense</b>	<b>FTEs</b>
Current Services	1,731,358	0.90
<b>Total</b>	<b>1,731,358</b>	<b>0.90</b>

<b>Revenue Description</b>	<b>Amount</b>
General Fund	\$22,007
Senior Living Trust	6,719
Federal Funds	1,694,671
Other	7,961
<b>Total</b>	<b>\$1,731,358</b>

# OFFER FOR IOWANS

## IDENTIFYING INFORMATION

Offer Identifier: H\_297\_005 F

**Offer Name: Direct Care Worker Recruitment & Retention**

**This offer is for a:**

- ☐ new activity
- ☐ improved existing activity (describe the improvements in your narratives below)
- ☒ status quo existing activity

Result(s) Addressed:

- **Improve the health of Iowans** - Increase in the availability of direct care workers to assist Iowans to stay in their community and to assist persons living in health care facilities.

**Participants in the Offer:** Department of Elder Affairs

**Person Submitting Offer:** Mark Haverland, Director, Iowa Department of Elder Affairs

**Contact Information:** Iowa Department of Elder Affairs, 200 10<sup>th</sup> St, 3<sup>rd</sup> Fl., Clemens Bldg, Des Moines, Iowa 50309- 3609, Phone 515-242-3333.

## OFFER DESCRIPTION

The department would contract with an entity or agency whose primary responsibility is the improvement of the nursing aide profession through the provision of continuing education, support, and empowerment programs, career opportunities within the field of nurse assisting. The purpose of the contract would be to develop strategies to 1) recruit and retain certified nursing aides in facilities and home and community based services, thereby reducing staff turnover and 2) increase the number of people who choose professional care giving as a career.

The selected vendor would be responsible for defining specific activities based on that vendor's knowledge of the needs of caregivers obtained through direct interaction with caregivers and input received from an advisory committee of providers, advocates, and consumers. Sample tasks could include development of printed and web-based materials containing information of immediate application to direct care workers, convening conference(s) for direct care workers, consumers, and/or employers, dissemination to providers of non-financial strategies they can undertake to reduce turnover in their facilities, and consumer education materials to empower consumers to be involved in the provision of their care or that of a loved one.

## OFFER JUSTIFICATION

The need for sufficient and trained direct care workers has been an alarming concern as Iowa's population ages. The lack of available care givers especially in more rural communities diminishes access and prevents people from receiving services in their own home, thereby precipitating premature institutionalization. Additionally, the need for caregivers for younger persons with disabilities is a problem consistently articulated through the activities of the Task Force working on Iowa's response to the Olmstead decision.

For institutionalized Iowans, as well as people receiving services in their own home, continuity of care is critical to their medical and psycho-social health. Constant turn-over in staff, excessive use of temporary staff workers and under trained caregivers and supervisors can and often does result in serious negative medical outcomes. Provision of services to those with chronic health care needs relies heavily on knowledge of the resident. Inconsistent caregivers diminish the resident's quality of life/care by reducing the resident to merely a series of "tasks."

This offering focuses on getting the right information to the consumers, workers and providers who have a direct stake in increasing the number of caregivers and access to care for Iowans statewide. Utilizing a vendor dedicated to direct care issues will ensure the contract deliverables have specific, targeted application to the direct care worker. A website has been established and is being used by the above groups. Conferences are well attended. Direct caregivers and consumers are reaching out for more information, and are speaking up to demand better care.

Surveys have been sent out to providers and direct care staff. Results show that both groups benefit from this program. When providers and direct care staff use the information provided by this program, it results in better care for consumers.

### **PERFORMANCE MEASUREMENT AND TARGET**

The performance measure would be a reduction in the statewide nursing facility turnover ratio as calculated by the Department of Human Services. Turnover data is already being collected from providers as part of the Medicaid reimbursement methodology under Accountability Measures requirements. There would no be additional costs associated with collecting or tabulating the necessary data.

### **PRICE AND REVENUE SOURCE**

**Total Price: \$130,448**

<b>Expense Description</b>	<b>Amount of Expense</b>	<b>FTEs</b>
Costs associated with undertaking recruitment and retention activities through contract with an outside vendor	\$130,448	0.07
<b>Total</b>	<b>\$130,448</b>	<b>0.07</b>

<b>Revenue Description</b>	<b>Amount</b>
General Fund	\$1,658
Senior Living Trust	125,506
Federal	2,684
Other	600
<b>Total</b>	<b>\$130,448</b>

# OFFER FOR IOWANS

## **IDENTIFYING INFORMATION**

**Offer Identifier:** H\_297\_007 F

(Duplicate Scalability Offer Extended to Safe Communities & Health Buying Teams)

**Offer Name:** Quality Institutional Care

**This offer is for a:**

☐ new activity

☒ improved existing activity (describe the improvements in your narratives below)

☒ status quo existing activity

**Result(s) Addressed:**

- Improve Community Safety, particularly for vulnerable Iowans
- Improve the health of Iowans

**Participants in the Offer:** Department of Elder Affairs, Department of Human Services, Des Moines Area Community College, Resident Advocate volunteers, consumers, AARP, and advocacy groups.

**Person Submitting Offer:** Mark Haverland, Director, Iowa Department of Elder Affairs

**Contact Information:** Iowa Department of Elder Affairs, 200 10<sup>th</sup> St, 3<sup>rd</sup> Fl., Clemens Bldg, Des Moines, Iowa 50309- 3609, Phone 515-242-3333.

## **OFFER DESCRIPTION**

This offering builds upon work that is currently being undertaken to improve the lives of people confined to nursing facilities. Because many different facets contribute to quality of life and quality of care for nursing facility residents, there must be intervention at both a micro and macro level. Strategies must be in place to enhance incentives to providers to encourage them to deliver professional, compassionate care. Strategies must also be in place to continue the work of the Long Term Care Ombudsman's Office and community-based Resident Advocate volunteers who do direct intervention on behalf of residents.

As a mechanism to improve the nursing facility environment, one component of this offer is to increase the percent of the Medicaid nursing facility reimbursement rate that is dependent upon facility performance and to add a measure tied to undertaking activities to change the culture within the facility. Increasing the percent tied to facility performance would not involve additional cost to the state because the program (called the Accountability Measures program) is already in place and does not call for an increase in the rates paid to providers. The incentive is a slice of the existing Medicaid "pie." A change in the Iowa Code will not be needed to add a culture change measure to the Accountability Measures program but legislative action would be required to increase the percent of facility reimbursement tied to performance.

Incorporating a measure relating to facility-specific Culture Change efforts would involve continuing the contract with Des Moines Area Community College (DMACC) to establish the baseline definition of Culture Change so it can be standardized statewide and to identify facilities participating in revamping how they deliver services. Culture Change Best Practices would be shared with providers through the DEA website.

The second component, improving quality of life at an individual resident level, would be addressed through the maintenance and expansion of resources within the Office of the Long Term Care Ombudsman and through continuation of the Resident Advocate Committee program. Requests for assistance from LTC Ombudsman staff have more than doubled in the past two years, reflecting a need for this type of intervention. The Older Americans Act states that the Office of the State Long-Term Care Ombudsman must:

1. Identify, investigate and resolve complaints that are made by, or on behalf of, residents.
2. Provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;
3. Inform the residents about means of obtaining services provided by providers or agencies.
4. Ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the office to complaints;
5. Represent the interests of the residents before governmental agencies and seek administrative, legal and other remedies to protect the health, safety, welfare, and rights of the residents;
6. Provide administrative and technical assistance to entities participating in the program;
7. Analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions;

In addition, this office is charged with working to develop citizen organizations to participate in the program; provide technical support for the development of resident and family councils.

With the current staff, investigating complaints in a timely manner has been the priority. With only two ombudsmen handling over 900 complaints this past year, it has left little time to meet the other mandates of the Older Americans Act, with the exception of #7, which was handled by the State Long-Term Care Ombudsman.

While often the focus is on home and community based services, nursing homes are not going to disappear. The continued need to work toward culture change will continue. Residents demand and deserve to have timely access to an ombudsman for complaint resolution.

The addition of over 180 Assisted Living facilities requires an increase in staff in order to meet the demands for service from residents. Even with the addition of two new ombudsmen this year, the ratio of ombudsman to number of beds is still five times the amount recommended by the Administration on Aging. The Resident Advocate volunteers (3,025) must have technical support, training, recruitment, and public information to continue their work. If the program were eliminated, residents would no longer have anyone at the local level to advocate on their behalf.

### **OFFER JUSTIFICATION**

While the lives of people living in institutions must, by definition involve a certain degree of regimentation, the basis for their quality of life rests in relationships with caregivers that incorporate dignity, respect, stability, and integrity. While some providers recognize these fundamental values, others must be given a financial incentive. To improve the health care system, it is essential that the State support creation of safe and healthy living environments tied to the unique needs of those with chronic health conditions.

Connecting a provider's Medicaid reimbursement to performance impacts the macro-level delivery of services while supporting local community involvement contributes directly to individual residents who increasingly have no family to advocate on their behalf. A strong advocacy presence of both trained professionals and Resident Advocate volunteers translates into a significant force of oversight that cannot be accomplished through any other means.

### **PERFORMANCE MEASUREMENT AND TARGET**

Increase by 15% the number of nursing facilities that are actively pursuing a facility-improvement/culture change program.

Increase by 15% the number of complaints identified by Resident Advocate Committees that are successfully resolved due to new orientation program and standardized training.

Increase the number of referrals to the Office of the Long-Term Care Ombudsman by 20%, which will be calculated through increased consultations to individuals, increased consultations to facilities, and increased cases and complaints.

Increase by 10% the number of complaints the ombudsmen are able to resolve to the satisfaction of the resident and/or complainant.

### **PRICE AND REVENUE SOURCE**

**Total Price: \$860,463** (What about the federally-funded FTEs?)

<b>Expense Description</b>	<b>Amount of Expense</b>	<b>FTEs</b>
Current Services	\$700,463	6.36
Ombudsman, DEA staff to track RAC activity, contracts for volunteer mgmt, and for culture change tracking (expansion)	160,000	2.00
<b>Total</b>	<b>\$860,463</b>	<b>8.36</b>

<b>Revenue Description</b>	<b>Amount</b>
General Fund	\$205,029
Senior Living Trust	202,719
General Fund or Senior Living Trust (expansion)	160,000
Federal Funds	289,494
Other	3,221
<b>Total</b>	<b>\$860,463</b>



# OFFER FOR IOWANS

## IDENTIFYING INFORMATION

**Offer Identifier:** H\_297\_011 F

**Offer Name:** Senior Internship Program (SIP)

**Result(s) Addressed:** Transform Iowa's Economy  
Improve Iowans' Health

**Participants in the Offer:** Department of Elder Affairs, Generations Area Agency on Aging, Elderbridge Area Agency on Aging, Siouxland Aging Services, Area XIV Agency on Aging, Heritage Area Agency on Aging, Upper DM Opportunity, Inc., HACAP, and Iowa Workforce Development

**Person Submitting Offer:** Mark Haverland, Director, Iowa Department of Elder Affairs (IDEA)

**Contact Information:** 200 10<sup>th</sup> Street, 3<sup>rd</sup> Floor, Clemens Bldg., Des Moines, Iowa 50309; 242-3333

## OFFER DESCRIPTION

The Senior Internship Program operates under the Senior Community Service Employment Program (SCSEP), which is authorized under Title V of the Older American Act. The SCSEP is our country's **only workforce development program designed exclusively to maximize the productive contributions of a rapidly growing older population** through training, retraining, and community service. It is a good model of success in the area of welfare-to-work programs. Iowa's Senior Internship Program is operated by 4 Area Agency on Aging sponsors in Iowa and covers a 49 county area. The area agency staff are experienced in serving older, low-income people. They work in close partnership with the employment and training system, actively participating in Workforce One Stop Service initiatives designed to streamline and integrate services.

The Senior Internship Program (SIP) is a critical part of the Older Americans Act, balancing the dual goals of community service as well as employment and training for low-income seniors. Many nutrition programs and other services for seniors in Iowa are dependent on labor provided by the Senior Internship Program. The SIP serves the oldest and poorest in Iowa's communities and those most in need. Below is a snapshot of the older individuals this program served July 1, 2002 through June 30, 2003:

- 20% did not complete high school
- 30% report having a disability
- 14% are veterans or their qualifying spouses
- 70% are female
- 80% are age 60 and older
- 42% are age 70 and older

The IDEA Senior Internship program is assigned 157 positions via Title V of the Older Americans Act funded by the Department of Labor. During each program year, the Department of Labor requires 140% of the "positions" or slot level be served. This equates to 220 older Iowans in working in a community service setting. Each Senior Internship Program participant averages 20 hours per week, equating to 228,800

community service hours annually. This community service is a HIGH RETURN ON INVESTMENT and invaluable to non-profit and government agencies such as school districts, libraries, local government agencies and non-profit organizations.

In addition to serving participants in this program, each Sponsor through their local and regional workforce offices provide support to hundreds of older individuals via job search, placement, counseling, resume writing, etc.

### **OFFER JUSTIFICATION**

The SIP/SCSEP has demonstrated high standards of performance and fiscal accountability unique in government programs. Less than 15% of funding is spent on administrative costs – one of the lowest rates among federal programs.

The SIP/SCSEP is the only nationwide employment program that serves the oldest and poorest in our society. It historically has enjoyed strong public support because it is based on the principles of personal responsibility, lifelong learning and service to the community. In addition, there is a good amount of evidence that older people who continue working beyond “retirement age” live longer and are far healthier than those who stop working. People are happiest when they feel they are socially connected and being productive and making a contribution. As an example, a study done in North Carolina showed that a one percent decline in labor force participation among people over 65 translated into a 7.29 percent increase in the rate of hospitalization. The author of this study, David Weaver, Ph.D. concluded that the implications of these findings for older people and national health care costs are significant.

Federal funds (in the amount of \$1,134,225) are at risk due of the lack of match funding. Through a new Federal regulation effective July 1, 2004, match funding cannot be derived from project sponsors or host agencies (local worksites), making it incumbent on state resources to provide this funding. State funds are critical to provide required 10% match for the Title V of the federal Older Americans Act, and employment and training program for low-income older workers. These state funds also allow us to partner under the Workforce Investment Act One-stop System by providing counseling, referral and placement services to individuals who do not qualify under the program guidelines i.e. are over income or do not meet other criteria.

Studies confirm “older workers are better-off financially.” In general, workers age 60 and older are wealthier than their nonworking counter-parts. This has a direct impact on their spending and the economy of the community that they live. The wages garnered from this program help to stimulate local economies.

### **PERFORMANCE MEASUREMENT AND TARGET**

The Department of Labor has set new eligibility requirements for Title V (Senior Internship Program) participants. Due to these more stringent requirements a baseline year will be necessary in 2005.

- Six month retention
- Earnings increase

### **PRICE AND REVENUE SOURCE**

**Total Price: \$1,372,886**

<b>Expense Description</b>	<b>Amount of Expense</b>	<b>FTEs</b>
Current	\$1,259,464	
State appropriation to provide required Match for Federal funds (expansion)	113,422	2.16
<b>Total Expense</b>	<b>\$1,372,886</b>	<b>2.16</b>

<b>Revenue Description</b>	<b>Amount</b>
General Fund	\$86,670
Senior Living Trust	4,888
Federal Funds	1,162,114
Other	5,792
General Fund (expansion)	113,422
<b>Total Revenue</b>	<b>\$1,372,886</b>

# OFFER FOR IOWANS

## IDENTIFYING INFORMATION

Offer Identifier: H\_297\_013 F

Offer Name: Special Projects

This offer is for a:

☐ new activity

☒ improved existing activity (describe the improvements in your narratives below)

☒ status quo existing activity

**Result(s) Addressed: Improve Iowan's Health** – All Iowans Have Access to Quality Care; Improve access to Preventative Strategies and Health Education; Improve Quality of Life. Maintain/Maximize Department Resources to assure achievement of Departments mission

**Participants in the Offer:** Elder Affairs, Area Agencies on Aging, Collaborating Departments – DHS, IDPH, DIA, State Universities

**Person Submitting Offer:** Mark A. Haverland, Director, Iowa Department of Elder Affairs

**Contact Information:** Clemens Building, 200 10<sup>th</sup> Street, 3<sup>rd</sup> Floor, Des Moines, Iowa 50309-3609. Ph: 515-242-3333

## OFFER DESCRIPTION

**Maintain current levels of State Funding to enable leverage of present Federal, state, private and foundation monies.**

*Manage, maintain and maximize Iowa Department of Elder Affairs ability* to pursue innovative grant proposals that will increase home and community based service delivery to Iowa's frail 60+ population and their caregivers thereby improving quality of life, stability and security.

*Manage, maintain and maximize Elder Affairs ability* to initiate Policy Change.

**OFFER JUSTIFICATION -- Maintain/Increase general funds for elder programs to enable maintenance of present funding and/or leverage of additional Federal, state, private and foundation monies. Return on Investment – 300 to 1000 percent.**

The Department of Elder Affairs receives federal, state, foundation and private funding to pursue innovative practices, policy change and quality assurance issues. It uses awarded grant funds to fund present personnel. Without these awarded funds and the present state funding used to match other dollars, present programming and development cannot be pursued. At this time the Department depends upon their partners to come up with additional match dollars to match these funds when all state funding is obligated. Those organizations have also maximized their available resources to provide match.

Over the last few years the Department of Elder Affairs has aggressively and successfully pursued numerous competitive grants from the Robert Wood Johnson Foundation, The Department of Justice and the U. S. Department of Human Services to name a few. Projects

funded include the Seamless Grant *[\$3 million+]*, Resource Center Initiative *[\$800,000]*, Alzheimer's Disease Demonstration *[\$1,712,750]*, and the Performance Outcome Measures Project *[\$350,000+]*. However our success in attracting grant funding has not only maximized the departments available funding to meet match requirements *[typically ranging from 10 – 50 percent]* as well as those of our major partners – area agencies on aging, other state departments and universities, and service providers. Our current success rate shows at least a 500% return on the state investment.

Projects funded at this time exemplifying the State of Iowa's overarching principles and themes of: Affordability of services; Cost effectiveness of systems, Preservation of personal dignity, Preference, Reduction of health disparities among diverse populations, and Geographic distribution of services and community support and include:

- Alzheimer's Initiative – Expand existing community based service and develop new community based service capable of serving Alzheimer's victims with a moderate to severe diagnosis and their caregivers in rural settings and assess those who LIVE ALONE and how they may live safely with community services provided
- Performance Outcome measures – Development and testing of surveys that effectively measure a clients ability to remain in community and initiate change to increase service performance
- Developing and testing 'Seamless Service Delivery'
- Testing and developing systems [Resource Center] to provide outreach and information and assistance to elders and the disabled
- Methods to prevent fraud in Medicare/Medicaid billings by educating elders

**The Department in turn can provide additional innovative, cost effective and additional service to new clients enabling more Iowan's to remain at home, in their communities, for a longer period of time with the new grant funds awarded. Existing and new funding will support the health teams strategies of:**

**Access to Quality Care** – financial access to needed care – through waivers and case management

**Care Continuity** -- regular/financial access, content of care and the portability of care/records.

**Preventative Strategies and Health Education** – through outreach efforts – development and delivery of knowledge so consumers may make good lifestyle choices and know about and access preventative treatments.

**Improve Quality of Life** – safe and healthy living environment, community based services and culturally appropriate practices.

**Mitigate Against Outside Risk Factors** – Services that provide safe and adequate food

**Improve the Health Care System** -- planning, care coordination, data collection, analysis and dissemination, cross system coordination (*interaction/communication between health and other service systems*), physical access to care and availability of quality health providers.

Proposals that may be pursued with additional state funding include:

- Increasing service availability in rural areas
- Developing and delivering culturally appropriate service
- Increasing availability of rural adult day care to targeted populations
- Accessing private pay dollars to increase number of persons served-- Encourage collaboration and partnerships -- Blend (braid) revenue streams

- Developing and testing ‘Seamless Service Delivery’ enhances availability, quality, use and sharing of data.
- Testing, developing and refining systems to provide outreach and information and assistance to elderly and disabled and their caregivers
- Developing mental health and substance abuse policies and practice in rural areas to serve rural elders
- The use of telemedicine to develop service provision in rural areas

#### **PERFORMANCE MEASUREMENT AND TARGET**

- Maintain state funding to provide match for discretionary grants can be pursued to assure quality assurance, increased service delivery and service in rural areas for Iowa’s 60+ and disabled communities.
- Increase state funding so that additional federal, foundation & private dollars can be used to *create innovative and additional services* for Iowa’s 60+ and disabled communities.

#### **PRICE AND REVENUE SOURCE**

**Total Price: \$3,681,194**

<b>Expense Description</b>	<b>Amount of Expense</b>	<b>FTEs</b>
Current Services	\$2,431,194	5.11
General Funds for federal match (expansion)	\$250,000	2.50
Leveraged grant funds	\$1,000,000	5.00
<b>Total Expense</b>	<b>\$3,681,194</b>	<b>12.61</b>

<b>Revenue Description</b>	<b>Amount</b>
General Fund	\$43,035
Senior Living Trust	298,665
Federal Funds	2,078,314
Other	11,180
General Fund (expansion)	250,000
Grant Funds (expansion)	1,000,000
<b>Total Revenue</b>	<b>\$3,681,194</b>